Canyon Fuel Company, LLC Dugout Canyon Mine P.O. Box 1029 Wellington, Utah 84542







September 27, 2011

Coal Regulatory Program
Department of Natural Resources
Division of Oil, Gas and Mining
1594 West North Temple
Suite 1210
Salt Lake City, UT 84114-5801

RE: Midterm Permit Review, Clean Copies – Task #3887, Canyon Fuel Company, LLC,

Banning Loadout, C/007/034

Dear Sirs:

Enclosed please find five Clean Copies of revisions to the Banning Permit and General Chapter One.

The revised AVS information, Table 1-2 and insurance certificates need to be incorporated into the General Chapter One binder for all the AWBG operations.

The bond has been updated and reviewed by Pete Hess and therefore is included although not on the deficiency list. Figures 7-3, 7-4 and 7-5 have been provided however there are stamped incorporated copies in my permit so refer to the date on the copy of the stamped version to restamp the copies with the correct incorporation date.

Please contact Vicky Miller at (435) 636-2869, if there are any questions concerning this submittal.

Sincerely yours,

Vicky S. Miller

Cc: Dave Spillman (enclosures)

July S. Mille

File in:

☐ Confidential☐ Shelf

Expandable SII CO 70034

RECEIVED

SEP 2 8 2011

DIV. OF OIL, GAS & MINING

### APPLICATION FOR COAL PERMIT PROCESSING

Permit Change   New Permit   Renewal   Exploration	Bond Release Transfer T
Permittee: Canyon Fuel Company, LLC	
Mine: Banning Loadout	Permit Number: C/007/034
Title: Midterm Permit Review, Clean Copies- Task ID # 3887	
<b>Description</b> , Include reason for application and timing required to implement:	
Instructions: If you answer yes to any of the first eight (gray) questions,	this application may require Public Notice publication.
Yes No  No  No  See No	Order? DO# viously identified Cumulative Hydrologic Impact Area? c basins other than as currently approved? on or increase of insurance or reclamation bond? publication? ontrol, right-of-entry, or compliance information? or cemetery or 300 feet of an occupied dwelling? ? NOV #
Yes No 11. Does the application affect the surface landowner or o	design or mine sequence and timing? (Modification of R2P2) deporting of any baseline information? degetation outside the current disturbed area? storage or placement? onitoring, removal or revegetation activities? modification, or removal of surface facilities? ring, sediment or drainage control measures? gns, maps or calculation? ontrol or monitoring?
Please attach four (4) review copies of the application. If the mine is or (5) copies, thank you. (These numbers include a copy for the Price Field Office)	n or adjacent to Forest Service land please submit five
I hereby certify that I am a responsible official of the applicant and that the information contain and belief in all respects with the laws of Utah in reference to commitments, undertakings, and	d obligations, herein.
Erwin Sass	mulan 9/27/11
	n Name, Position, Date
Subscribed and sworn to before me this 27 day of SOPTEMBER, 2011  Notary Public My commission Expires: 1-2, 2012 }  Attest: State of County of CARBON } } ss:	WCMY SUE BELLES ADDRESPORCE OF UNION 1776 KENILWORTH RD. HELPER, UTAH 84526 COMM. EXP. 01-02-2012
For Office Use Only:	Assigned Tracking Received by Oil, Gas & Mining
	Number:
	SEP 2 8 2011
	92.
	DIV. OF OIL, GAS & MINING

# APPLICATION FOR COAL PERMIT PROCESSING Detailed Schedule Of Changes to the Mining And Reclamation Plan

Permit	-	Fuel Compan	y, LLC	
Mine:	Banning Loa			it Number: C/007/034
Title:	Midterm Per	mit Review, C	Clean Copies - Task ID # 3887	
applicati of conter	on. Individuall its, section of th	y list all maps a ne plan, or other	to the Mining and Reclamation Plan, which is required a and drawings that are added, replaced, or removed from the information as needed to specifically locate, identify and n and drawing number as part of the description.	ne plan. Include changes to the table I revise the existing Mining and
			DESCRIPTION OF MAP, TEXT, OR MATERI	AL TO BE CHANGED
Add	Replace	Remove	General Chapter One Binder	
☐ Add	□ Replace     □ Repla	Remove	Appendix 1-1, Arch Western Bituminous Group, LLC	
Add	⊠ Replace	Remove	Appendix 1-1, Canyon Fuel Company LLC Ownership	The state of the s
	⊠ Replace	Remove	Appendix 1-1, Arch Coal Inc Ownership and Control I	nfo, Page 1
Add	Replace	Remove	Table 1-2	
Add	⊠ Replace	Remove	Appendix 1-2	
Add	☐ Replace ☐ Replace	Remove	M& RP	
Add	Replace	Remove	Chapter 8, Appendix 8-1 Chapter 7, Figures 7-3, 7-4, 7-5	
☐ Add	Replace	Remove		
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Any other	specific or spe	ecial instructio	n required for insertion of this proposal into the	Received by Oil, Gas & Mining
arming an	id Reclamation	1 1 IAU.		RECEIVED
9/27/11 - 7	he information	provided needs	s to go into two different binders. The AVS	
information	n, Table 1-2 and	d Appendix 1-2	will be incorparated into the General Chapter 1 binder.	SEP 2 8 2011
	tables in the cov		into Chapter 7. Please note the information on the	CAS & MINING
1				DIV. OF OIL, GAS & MINING
				*

TABLE 1-2
THREE YEAR VIOLATION HISTORY June 2009 - 2011
MINING AND RECLAMATION OPERATIONS

Facility	Permit Number	Date	Violation Description
Coal Mac Inc.	S-5013-01	12/8/09	Debris in ditch and down the slope
Mailing Address:	S-5013-01	12/2010	Failure to maintain sediment control
P.U. Box 1050 Holden, WV 25625	S-5013-01	3/10/11	Sediment control failure
	S-5006-07	4/16/11	Failure to maintain sediment control
	S-5023-99	5/27/11	Cast flyrock off permit area

Facility	Permit Number	Date	Violation Description
Mingo Logan Complex	S-5081-87	6/15/09	Failure to maintain hydrologic balance
Mailing Address:	S-5081-87	5/19/10	Failure to control erosion
Mingo Logan Coal Company State Route 17	S-5013-97	3/9/11	Discharge exceeded limits
Sharples, WV 25183	S-5013-97	5/25/11	Sediment control maintenance

TABLE 1-2 (Continued)

Facility	Permit Number	Date	Violation Description
Cumberland River Coal Company	867-0434	6/11/09	Impact off permit area
Mailing Address:	1101623	3/10/10	Impact off permit area slide
P.O. Box 109 Appalachia, VA 24216	897-9004/867-5136	4/12/10	Failure to follow approved design
	867-0382	4/27/10	Disturbance outside permit boundary. Failure to follow approved plan
	867-0433	5/18/10	Failure to complete contemporaneous reclamation
	867-0434	5/26/10	Off permit disturbance
	867-9004	8/11/10	Incorrect use of explosives
	867-5139	2/01/11	Mud tracked off permit area
	1601486	3/21/11	Embankment failure
	867-5292	4/29/11	Failure to meet effluent limits

**APPENDIX 1-1** 

## GENERAL CHAPTER 1 APPENDIX 1-1

ARCH COAL INC OWNERSHIP AND CONTROL UPDATES

## ARCH COAL INC. (144492) OWNERSHIP AND CONTROL INFORMATION

Name	PositionDate	Date	Begin E	ind
LEER, STEVEN F LEER, STEVEN F LEER, STEVEN F LANG, PAUL DREXLER, JOHN T BESTEN JR, CLARENCE HEN BOYD, JAMES ROBERT JONES, ROBERT G JONES, ROBERT G STEELE, CHARLES DAVID EAVES, JOHN W EAVES, JOHN W EAVES, JOHN W BUMBICO, ANTHONY S HUNT, DOUGLAS H FLORCZAK, JAMES E PERRY, MICHAEL A SANDS, THEODORE D LORSON, JOHN W POTTER, ROBERT G SLONE, DECK S FELDMAN, SHEILA B GODLEY, PATRICIA FRY WARNECKE, DAVID N TAYLOR, WESLEY M JENNINGS, BRIAN J HARTLEY, DAVID E WARNER, CASEY PLOETZ, JON S JONES, J. THOMAS WOLD, PETER I. FREUDENTHAL, DAVID	CEO DIR CB EVP CFO, SVP SVP DIR SVP GC, SEC VP (TAX) COO DIR PRS VP DIR TRS DIR VP, CAO DIR VP VP DIR SVP DIR SVP DIR OIR DIR DIR DIR DIR DIR DIR DIR DIR DIR	7/1/97 7/1/97 4/28/06 12/7/06 5/1/08 12/01/02 7/1/97 8/1/2008 10/16/00 4/24/03 12/11/02 2/23/06 4/27/06 7/1/97 8/17/98 9/28/98 2/25/99 4/30/08 4/26/01 4/26/01 2/3/03 7/22/04 2/24/11 7/28/05 7/27/06 8/1/09 4/23/09 2/18/10 7/21/10 7/21/10 7/21/10		
CHANGES 2006 - 2011 BOYD, JAMES ROBERT EAVES, JOHN W LEER, STEVEN F MESSEY, ROBERT J KELLEY, ALLEN ABBENE, MICHAEL T BILLHARTZ, GREGORY A LORSON, JOHN W BESTEN JR, CLARENCE HEN BURKE, FRANK M PEUGH, DAVID B LOCKHART, THOMAS A	CB EVP PRS CFO, SVP COF VP, CIO ASC COP RY VP DIR VP DIR	7/1/97 12/11/02 7/1/97 12/1/00 3/15/05 7/1/05 12/8/05 4/9/99 7/1/97 9/7/00 7/1/97 2/21/03	4/28/06 4/28/06 4/28/06 4/30/08 11/17/08 7/31/09 10/6/09 4/30/08 12/01/09 7/24/10 DECE/ 5/31/11 4/28/11	ASED

#### **LEGEND**

AGC - ASSISTANT GENERAL COUNSEL AST - ASSISTANT TREASURER

ASC - ASSISTANT SECRETARY CAO - CHIEF ACCOUNTING OFFICER

CB - CHAIRMAN OF THE BOARD CFO - CHIEF FINANCIAL OFFICER COO - CHIEF OPERATING OFFICER CIO - CHIEF INFORMATION OFFICER EVP - EXECUTIVE VICE PRESIDENT GM - GENERAL MANAGER

GM - GENERAL MANAGER
GC - GENERAL COUNSEL
SEC - SECRETARY
VP - VICE PRESIDENT

SVP - SENIOR VICE PRESIDENT

CEO - CHIEF EXECUTIVE OFFICER

**COF - INTERNAL AUDITOR** 

COP - CONTROLLER

**DIR - DIRECTOR** 

**FIN - FINANCE** 

PRS - PRESIDENT

TRS - TREASURER

5/31/11

# GENERAL CHAPTER 1 APPENDIX 1-1

ARCH WESTERN BITUMINOUS GROUP OWNERSHIP AND CONTROL UPDATES

### ARCH WESTERN BITUMINOUS GROUP LLC (155430) OWNERSHIP AND CONTROL INFORMATION

Name		Position	Begin Date	End Date
DICLAUDIO, EI STEELE, CHAF FLORCZAK, JA MERMIS, JOLE LANG, PAUL EAVES, JOHN PLOETZ, JONS	RLES DAVID MES E NE JOUETT	PRS, DIR, GM VP (TAX) VP, TRS ASC DIR DIR SEC	7/29/04 7/29/04 7/29/04 7/29/04 4/15/11 2/21/05 2/15/10	
OWNERSHIP 145595	ARCH WESTERN RES	OURCES LLC	7/29/04	100%
CHANGES 200 BILLHARTZ, GI SHANKS, ROB BENNETT, GAR	REGORY A ERT W	SEC DIR DIR	11/7/05 7/29/04 2/14/11	10/9/09 02/14/11 4/15/11

# GENERAL CHAPTER 1 APPENDIX 1-1

CANYON FUEL COMPANY, LLC OWNERSHIP AND CONTROL UPDATES

### CANYON FUEL CO LLC (142816) OWNERSHIP AND CONTROL INFORMATION

Name	Position	Begin Date	End Date	
DICLAUDIO, EUGENE E. STEELE, CHARLES DAVID FLORCZAK, JAMES E FLORCZAK, JAMES E MERMIS, JOLENE JOUETT LANG, PAUL EAVES, JOHN W WARNECKE, DAVID N PLOETZ, JON S	PRS, DIR VP (TAX) VP TRS ASC DIR DIR VP SEC	7/30/04 5/23/03 5/25/99 7/30/04 7/30/04 4/15/11 2/21/05 4/21/05 2/15/10		
OWNERSHIP 155430 ARCH WESTERN BITT 144492 ARCH COAL INC  CHANGES 2006 - 2011 BILLHARTZ, GREGORY A	JMINOUS GROU		7/30/04 7/30/04 10/9/09	65% 35%
SHANKS, ROBERT W BENNETT, GARY	DIR DIR	6/1/98 2/14/11	2/14/1 <sup>-</sup> 4/15/1 <sup>-</sup>	

**APPENDIX 1-2** 

Insurance Certificates



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of such endorsement(s).	CON	TACT		LEAY	
PRODUCER Marsh USA Inc.	7110	ALE		FAX (A/C, No):	
701 Market Street, Suite 1100	E-M	PHONE (A/C, No, Ext): (A/C, No, Ext): E-MAIL ADDRESS: NAIC #			
Ct. Lauria, MO, 63101-1830	ADD	RESS:	APPROPRIATE OF THE PROPERTY OF	DING COVERAGE	NAIC#
Attn: stlouis.certrequest@marsh.com; 212-948-0811		INSU	on Fire Ins Co Pil	tshurah PA	19445
	Y INS	URER A : National Ull	OIL THE IIIS COTT	noor.g.	
001950Reg-11-12	เทรเ	URER B :			
Canyon Fuel Company, LLC	INS	URER C :			
c/o Arch Western Bituminous Group, L.L.C.		URER D :			
225 N. 5th Street, Suite 900					
Grand Junction, CO 81501	-	URER E :			
		URER F:		REVISION NUMBER: 11	
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURAL INDICATED. NOTWITHSTANDING ANY REQUIREMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LI	E INSURANCE AFFORDED	N REDUCED BY	PAID CLAIMS.		
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
INSR TYPE OF INSURANCE INSR WYD	POLICY NUMBER	THE PERSON NAMED IN COLUMN 1	07/31/2012	EACH OCCURRENCE \$	300,000
	093 61 11	0//3//2011	0,10 (120 (2	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	50,000
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	500,000 general aggregate applies		}		5,000
X COMMERCIAL GENERAL LIABILITY	er location			MED EXT (VIII) THE	300,000
CLAIMS-MADE X OCCUR				PERSONAL & ADV INJURY \$	• 500,000
X Explosion Liability (XCU)				GENERAL AGGREGATE \$	
				PRODUCTS - COMP/OP AGG \$	500,000
GEN'L AGGREGATE LIMIT APPLIES PER:	<b>7</b> .	0 .		\$	
POLICY PRO- X LOC	1/	<del>- X                                      </del>		COMBINED SINGLE LIMIT	
AUTOMOBILE LIABILITY		Pelimore	, ,	(Ea accident) \$ BODILY INJURY (Per person) \$	
	Mary 2	Julian		BODIET HASOICE (FS. FS. C.)	
ANY AUTO SCHEDULED	· 1 /	VALUED		BODIL'S MASORY (I or assume	
ALL OWNED SCHEDULED AUTOS NON-OWNED	MARY E. El	VMEIEV		PROPERTY DAMAGE \$ (Per accident)	
HIRED AUTOS AUTOS	Notary Public/	Notary Seal		\$	
	State of M	ISSOUT		EACH OCCURRENCE \$	
UMBRELLA LIAB OCCUR	St. Louis (	County		AGGREGATE \$	
EXCESS LIAB CLAIMS-MADE	COMMISSION	#0/004011	h	AGGREGATE	
	My Commission Expi	ires: 12-02-201	<u> </u>		
DED RETENTION \$				TOTAL SHIPLING	<u>-</u>
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N				E.L. EACH ACCIDENT \$	
I LANV DECERTOR/PARTNER/EXECUTIVE LA LALVA L			1	E.L. DISEASE - EA EMPLOYEE \$	
OFFICERMEMBER EXCLUDED? (Mandatory In NH)				E.L. DISEASE - POLICY LIMIT \$	
If yes, describe under DESCRIPTION OF OPERATIONS below			ļ		
DESCRIPTION OF CLERKING		1			
	CORD 101 Additional Remarks Sch	nedule, if more space	is required)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach A	COND (VI) CLEENING CO.				
Permit Banning Loadout C007034					
Blasting and use of explosives is not excluded under the policy.					•
		CANCELLATION	1		
CERTIFICATE HOLDER					ICELLED BEFORE

Utah Dept. Of Natural Resources Division of Oil, Gas and Mining 1594 W. North Temple

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ORIZED REPRESENTATIVE

988-2010 ACORD CORPORATION.

Salt Lake City, UT 84114-5801

AGENCY CUSTOMER ID: 001950

LOC #: St. Louis



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

COND	ADDITION :=	
SENCY  Marsh USA Inc.  DLICY NUMBER		NAMED INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501
ARRIER	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

- 1. the cancellation effective date is prior to this policy's expiration date;
- 2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through it's broker of record, either:
- (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
- (b) the email address of a contact at each such entity; and
- 3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

- 1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
- 2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/28/2011

All rights reserved.

988-2010 ACORD CORPORATION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

RECEIPT THAT THE POLICIES OF INSTRUMENT. TERM OF CERTIFICATE NUMBER:  OVERAGES  CERTIFICATE NUMBER:  OVERAGES  CERTIFICATE NUMBER:  OVERAGES  CERTIFICATE NUMBER:  OVERAGES  CERTIFICATE NUMBER:  NSURER #:  NSUR	certificate holder in lieu of such endors	sement(s)		CONTAC	er -				
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AND STORED CONTROL OF THE POLICE SOFT STATE AND AND AND CONTROL OF THE POLICE SOFT STATE S	701 Market Street, Suite 1100		-	(A/C, No E-MAIL	<u>, Ext):</u>		THE OF THE P		
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MINUSER D.  SAMPLE D.	Attn: stlouis.certrequest@marsn.com, 212-940	-0011	-		11-1'111	URER(S) AFFOR	ittsburgh PA		
INSURED Caryon Fuel Company, LLC Colvent Western Blanmous Group, LLC Colvent Western Blanmous Group, LLC Caryon Fuel Company, LLC Caryon Fuel Comp	001950Reo-11-12		Y	INSURE	RA: National Ci	IIOTI TRE TIS COT	Mobility		
COVERAGES  CERTIFICATE NUMBER:  NUMBER 1:  NUMBER 2:  NUMBER 3:  NUMBER 3:  NUMBER 3:  NUMBER 4:  CHEODIG 54884-23  REVISION NUMBER: 10  NUMBER 5:  NUMBER 5:  NUMBER 6:  NUMBER 6:  NUMBER 6:  NUMBER 7:  NUMBER 7:  NUMBER 7:  NUMBER 8:  NUMBER 8:  NUMBER 8:  NUMBER 8:  NUMBER 8:  NUMBER 9:  NUMBER 8:  NUMBER 9:  NUMBER 1:  NUMBER 9:  NUMBER 9:  NUMBER 9:  NUMBER 9:  NUMBER 9:  NUMBER 1:  NUMBER	INSURED			INSURE	RB:				
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Suite 1210

Sall Lake City, UT 84114-5801

AGENCY CUSTOMER ID: 001950

LOC #: St. Louis

# ACORD®

### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

GENCY Marsh USA Inc. OLICY NUMBER		NAMED INSURED  Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501
ARRIER	NAIC CODE	EFFECTIVE DATE:

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

- 1. the cancellation effective date is prior to this policy's expiration date;
- 2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through it's broker of record, either:
- (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
- (b) the email address of a contact at each such entity; and
- 3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted.

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

- 1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
- 2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). FAX (A/C, No): PHONE (A/C, No. Ext): E-MAIL ADDRESS: Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Altn: stlouis.certrequest@marsh.com; 212-948-0811 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A : National Union Fire Ins Co Pittsburgh PA 19445 001950--Reg-11-12 INSURER B INSURED Canyon Fuel Company, LLC INSURER C c/o Arch Western Bituminous Group, L.L.C 225 N. 5th Street, Suite 900 INSURER D : Grand Junction, CO 81501 INSURER E INSURER F : **REVISION NUMBER: 10** CERTIFICATE NUMBER: CHI-004084887-29 COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP
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AGENCY CUSTOMER ID: 001950

LOC#: St. Louis



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY  Marsh USA Inc.  POLICY NUMBER		NAMED INSURED  Canyon Fuel Company, LLC  c/o Arch Western Bituminous Group, L.L.C.  225 N. 5th Street, Suite 900  Grand Junction, CO 81501
CARRIER	NAIC CODE	EFFECTIVE DATE:

#### ADDITIONAL REMARKS

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FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

- 1. the cancellation effective date is prior to this policy's expiration date;
- 2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through it's broker of record, either:

(a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or (b) the email address of a contact at each such entity; and

3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

- 1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
- 2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of such endorsement(s).	CONTACT	
PRODUCER Alexandre	NAME: FAX PHONE (A/C, No):	
Marsh USA Inc. 701 Market Street, Suite 1100	[A/C, No, Ext):	
St. Faule MO 63101-1830	ADDRESS:	NAIC#
Alln: sllovis.certrequest@marsh.com; 212-948-0811	INSURER(S) AFFORDING COVERAGE	19445
001950Reg-11-12	INSURER A: National Union Fire Ins Co Pittsburgh PA	
INCLIRED	INSURER B:	
Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C.	INSURER C:	
225 N. 5th Street, Suite 900	INSURER D:	
Grand Junction, CO 81501	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	CHI-004084885-29 REVISION NUMBER: 11	SULOV DEBIOD
THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE P	OLICY PERIOD
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO AL	L THE TERMS.
THIS IS TO CERTIFY THAT THE FOCULES OF THE STATE OR CONDITION INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD CERTIFICATE MAY BE ISSUED OF SUCH POLICIES LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.	
EVOLUCIONE AND CONDITIONS OF SUCH POLICIES. CIMITO STOTIC	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	
INSR TYPE OF INSURANCE INSR WYD POLICY NUMBER	07/31/2011 07/31/2012 EACH OCCURRENCE \$	300,000
A GENERAL HABILITY	DAMAGE TO RENTED	50,000
X COMMERCIAL GENERAL LIABILITY \$500,000 general aggregate app	PREMISES (Ea occurrence)   \$   MED EXP (Any one person)   \$	5,000
CLAIMS-MADE X OCCUR per location	PERSONAL & ADV INJURY \$	300,000
X Explosion Liability (XCU)	12.1001111	* 500,000
	OCIVETO E NOCITA E	500,000
GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG   \$	
POLICY PRO- X LOC	COMBINED SINGLE LIMIT	
AUTOMOBILE LIABILITY	(Ea accident) \$  RODILY IN ILIRY (Per person) \$	
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SCHEDULED ///	200121	
AUTOS	PROPERTY DAMAGE \$ (Per accident)	
HIRED AUTOS MARY E. Notary Public		
State of	T T T T T T T T T T T T T T T T T T T	
et louis		
EXCESS LIAB CLAIMS-MADE COMMISSION		
DED RETENTION \$ My Commission Fy		
WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  Y/N	E.L. EACH ACCIDENT \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE N N / A OFFICER/MEMBER EXCLUDED?	E.L. DISEASE - EA EMPLOYEE \$	
(Mandatory in NH)	E.L. DISEASE - POLICY LIMIT \$	
If yes, describe under DESCRIPTION OF OPERATIONS below	E.E. DIOD IOC 1 CLOV SIMILE	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks	: Schedule, if more space is required)	
Permit Skyline Mine C007005		
Blasting and use of explosives is not excluded under the policy.		
Disting and details and		
	CANCELLATION	
CERTIFICATE HOLDER		

Utah Dept. Of Natural Resources Division of Oil, Gas and Mining 1594 W. North Temple Suite 1210 Salt Lake City, UT 84114-5801 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

U MORIZED REPRESENTATIVE

of Warsh USA Inc

1988-2010 ACORD CORPORATION. All rights reserve

AGENCY CUSTOMER ID: 001950

LOC #: St. Louis

ACORD®	

### ADDITIONAL REMARKS SCHEDULE

AUDITIONAL AUDITIONAL	
AGENCY  Marsh USA Inc.  POLICY NUMBER	NAMED INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501
CARRIER	NAIC CODE  EFFECTIVE DATE:

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: Certificate of Liability Insurance FORM NUMBER:

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

- 1. the cancellation effective date is prior to this policy's expiration date;
- 2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through it's broker of record, either:
- (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
- (b) the email address of a contact at each such entity; and
- 3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under

The following Definitions apply to this endorsement:

- 1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
- 2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate fiolider in field of such childen			CONTAC	CT CT									
PRODUCER			NAME: PHONE			FAX (A/C, No):							
Marsh USA Inc. 701 Market Street, Suite 1100			(A/C, No	, Ext):		[A/C, NO]:							
St Louis MO 63101-1830			E-MAIL ADDRES					T					
Attn: stlouis.certrequest@marsh.com; 212-948	-0811			INS	URER(S) AFFOR	DING COVERAGE		NAIC#					
504050 Dec 11 10		Υ	INSURER A : National Union Fire Ins Co Pittsburgh PA 19445										
001950-Reg-11-12			INSURE										
INSURED Canyon Fuel Company, LLC			INSURE										
c/o Arch Western Bituminous Group, L.L.C.			INSURE										
225 N. 5th Street, Suite 900 Grand Junction, CO 81501								<u> </u>					
Grand Sunction, See \$100.			INSURE										
			INSURE			REVISION NUMBER: 12							
		E NUMBER:		-004084883-29	THE MOURE	D MANED ABOVE FOR T	HE PO	LICY PERIOD					
THIS IS TO CERTIEY THAT THE POLICIES	OF INSU	RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	OR OTHER I	OCUMENT WITH RESPE	CT TO	WHICH THIS					
INDICATED. NOTWITHSTANDING ANY RI	COIREME	THE MICHEANCE ACCORD	ED BY	THE POLICIE	S DESCRIBED	HEREIN IS SUBJECT TO	O ALL	THE TERMS,					
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN,	LIMITS SHOWN MAY HAVE	REENE	REDUCED BY	PAID CLAIMS.								
	IAUULISUDI	N		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s						
INSR TYPE OF INSURANCE	INSR WYD	POLICY NUMBER GL 093 61 11		07/31/2011	07/31/2012	FACH OCCURRENCE	\$	300,000					
A GENERAL LIABILITY		*\$500,000 general aggregate appl	lies	0770112011		DAMAGE TO RENTED PREMISES (Ea occurrence)	5	50,000					
X COMMERCIAL GENERAL LIABILITY		1	1103			MED EXP (Any one person)	s	5,000					
CLAIMS-MADE X OCCUR		per location				PERSONAL & ADV INJURY	s	300,000					
X Explosion Liability (XCU)						GENERAL AGGREGATE	s	* 500,000					
						PRODUCTS - COMP/OP AGG	S	500,000					
GEN'L AGGREGATE LIMIT APPLIES PER:			_	•	1	TROBUOTO COMPTO TIE	\$						
POLICY PRO- X LOC	L_ _,	X14	1			COMBINED SINGLE LIMIT	s						
AUTOMOBILE LIABILITY	116	1/1/11/11	111	mue		(Ea accident) BODILY INJURY (Per person)	\$						
ANY AUTO		Mary & &	~	,,,	1	BODILY INJURY (Per accident)	s						
ALL OWNED SCHEDULED AUTOS				· n		PROPERTY DAMAGE	s						
HIRED AUTOS NON-OWNED AUTOS		MARY E. E				(Per acadent)	s						
		Notary Public/					<del></del>						
UMBRELLA LIAB OCCUR		State of N				EACH OCCURRENCE	\$						
EXCESS LIAB CLAIMS-MADE		COMMISSION				AGGREGATE	\$						
	1 1	My Commission Exp	#U/ 00	0.02.2011			\$						
DED RETENTIONS	<del>  -  </del>	My Commission Exp	\ <del>1162:-1</del>			WC STATU- OTH- TORY LIMITS ER							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						F.L. EACH ACCIDENT	\$						
ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	s						
(Mandatory in NH)						EL DISEASE - POLICY LIMIT	1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Permit SUFCO Mine C041002

Blasting and use of explosives is not excluded under the policy.

If yes, describe under DESCRIPTION OF OPERATIONS below

<b>CERTIFICATE H</b>	O	LI	DE	к
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Utah Dept. Of Natural Resources Division of Oil, Gas and Mining 1594 W. North Temple Suite 1210 Salt Lake City, UT 84114-5801

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

E.L. DISEASE - POLICY LIMIT \$

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: 001950

LOC #: St. Louis



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY  Marsh USA Inc.  POLICY NUMBER		NAMED INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501
CARRIER	NAIC CODE	EFFECTIVE DATE:

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

- 1. the cancellation effective date is prior to this policy's expiration date;
- 2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through it's broker of record, either:
- (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
- (b) the email address of a contact at each such entity; and
- 3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

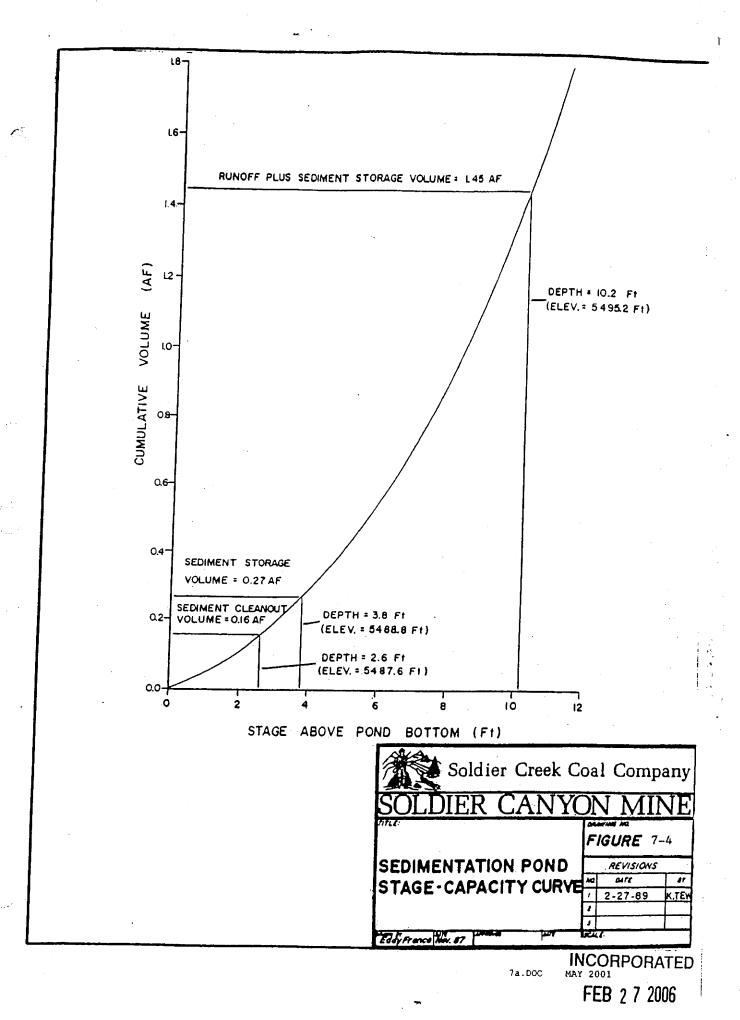
This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

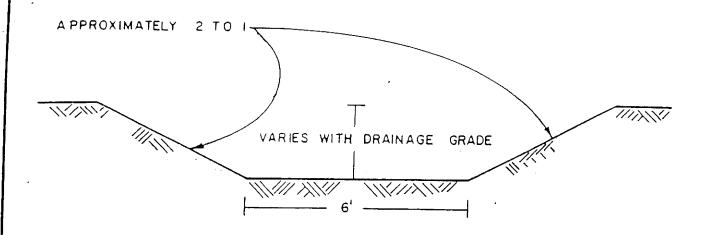
- 1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
- 2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

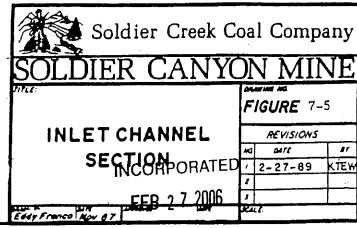
All other terms, conditions and exclusions shall remain the same.

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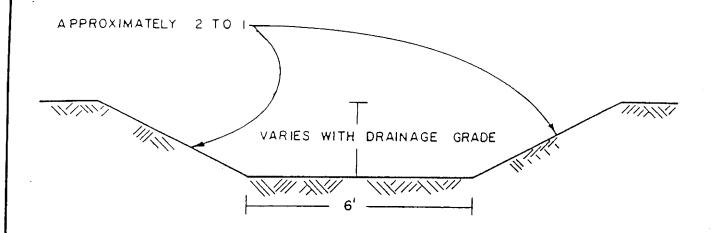


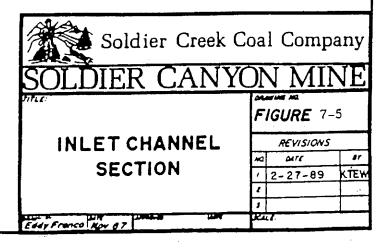
Div. of Oil. Gas & Mining

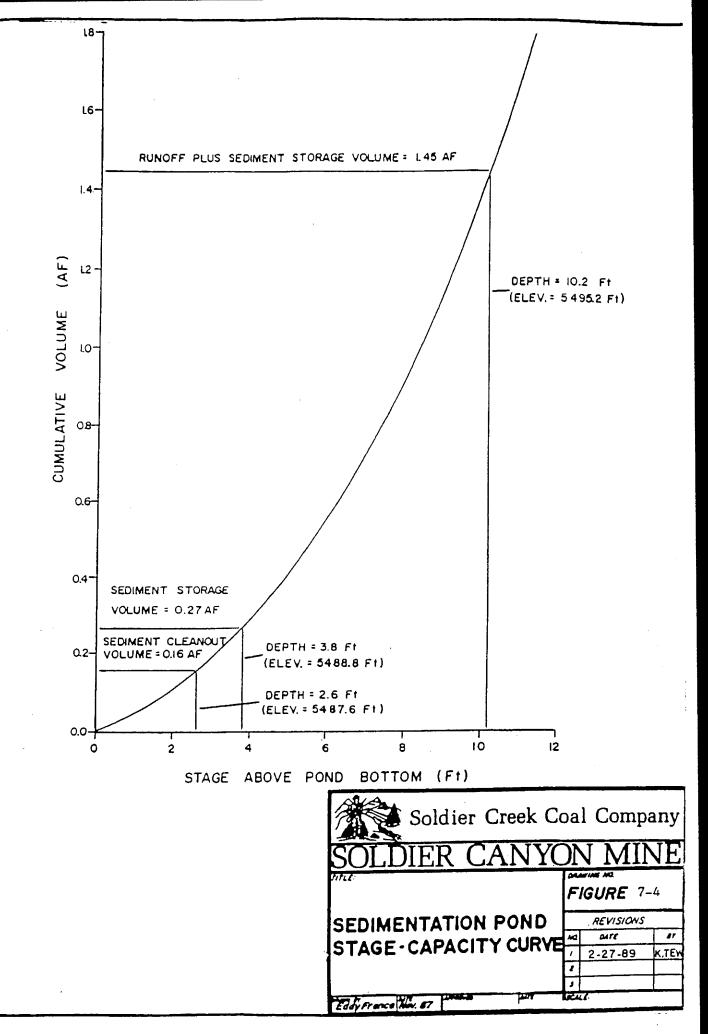




Div. of Oil, Gas & Mining







APPENDIX 8-1

RECLAMATION BOND

Banning Siding Task ID # 3813 2011 Midterm Permit Review

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Subtotal Demolition and Removal Subtotal Backfilling and Grading Subtotal Revegetation Direct Costs	\$70,589.00 \$51,338.00 \$56,400.00 \$178,327.00	
Indirect Costs Mob/Demob Contingency Engineering Redesign Main Office Expense Project Mainagement Fee Subtotal Indirect Costs	\$17,832.00 \$8,916.00 \$4,458.00 \$12,126.00 \$4,458.00 \$47,790.00	10.0% 5.0% 2.5% 6.8% 2.5% 26.8%
Total Cost 2011 Dollars	\$226,117.00	
Number of years Escalation Factor for 2011 Escalation	\$4,522.00	5 0.40% 1.02
Number of years Escalation Factor Escalation Escalated Reclamation Cost to 2016 Bond Amount (rounded to nearest \$1,000) Posted Bond 2006 Difference Between Cost Estimate and Bond Percent Difference	\$230,639.00 \$231,000.00 \$350,000.00 \$119,000.00 34.00%	

Banning Loadout Task ID # 3813

2011 Midterm Permit Review

1 Midte	erm Permit Review	
	Description	Cost
Ref.		
	Reclaim Tunnel & Grizzly 01	19067
	Building 02	1563
	Fence 03	15054
•	Concrete 04	8150
	Asphalt 05	8150 26755
<u> </u>		
		70589

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Total		Subtotal	Disposal Costs	Transportation Cost	Loading Cost	Concrete's Vol. Demolished	Demolition Cost	Concrete Demotition		Subtotal	Disposal Costs	Transportation Cost	Loading Cost	Concrete's Vol. Demolished	Demolition Cost	Concrete Demolition	Subtotal	Disposal Costs	Transportation Cost	Loading Cost	Concrete's Vol. Demolished	Demolition Cost	Concrete Demolition	Subtotal	Disposal Costs	Transport Costs	Loading Costs	Equipment 's Vot. Demolished	Dismantling Cost	Equipment 's Disposal Cost	Capicial	Ciphotal Cost Order	Disposal Cost Sleet	Transportation Cost Steel Truck Drive	Tanage Cost Stort Tues	Truck's Capacity	Steel's Weight	Disposal Cost Non Steel	Transportation Cost Non Steel Drive	Transportation Cost Non Steel Truck	Haulage	Truck's Capacity	Rubble's Weight (exclude steel)	Structure's Vol. Demolished	Structure's Demolition Cost	Reclaim Tunnel & Grizzley 01	Description
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																																											City Service Price							Steel Bidg. Large incid. 20 mile hauf 2011   02 41 16 13 0020		Materials
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																														Chain Link Remove 8-10'																	Marchary
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Total	Subtolal	Disposal Costs	Transportation Cost	Loading Cost	Concrete's Vol. Demolished	Demoiltion Cost	Concrete Delitolition	Concrete Demotition	GUCIOIAI	Disposal Costs	Disposal Casis	Transportation Cost	Loading Cost	Concrete's Vol. Demolished	Demolition Cost	Concrete Demolition	Contotal	Subtotal	Disposal Costs	Transportation Cost	Loading Cost	Concrete's Vol. Demolished	Demolition Cost	Concrete Demoition		Subtotal	Cisposai Costs	Disposal Costs	Transport Costs	I pading Costs	Equipment's Vol. Demolished	Dismantling Cost	Equipment 's Disposal Cost		Subtotal	Disposal Cost Steel	Transportation Cost Steel Truck Drive	Transportation Cost Steel Truck	Haulage	Truck's Capacity	Steel's Weight	Disposal Cost Non Steel	Transportation Cost Non Steel Drive	Transportation Cost Non Steel Truck	Haulage	Truck's Capacity	Rubble's Weight (exclude steel)	Structure's Vol. Demolished	Structure's Demolition Cost	Concrete 04		Cescription
										On Site Disposal	12 CT (16 10f) Dump Truck 1/2 mi./d.tr	13 CV (16 You) D. T.	n n n n n n n n n n n n n n n n n n n		Concrete Dell'ORIDIT	Concrete Demolition																																				Malenals
										02 41 16 17 4200	1	1	L		ConcreteDemo																																				Number	Reference
										9.15 CY	2.9	1.06			11.06																			Ī	1																	Coal
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					-	-		+	0,1	377 66	177 60	377 67	377 CV	377 CY	290 CY	+	+			L				-		-	+	+	+										_					-			-					Quantity Unit
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								0	9150	200	2	2		0	307					L																	L															

377 cy hauled in 12 cy dump truck at \$2.9 a cy == 377divided by 12 = 31.4  $\times$  2.9 = 91.1

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Total	Subtotal	Disposal Costs	Circusponation Cost	Loading Cost	Concrete's Vol. Demolished	Demoition Cost	Concrete Demolition	2	Supportal	Disposal Costs	Disposal Costs	Transportation Cost	Loading Cost	Concrete's Vol. Demolished	Demolition Cost	Concrete Demolition		Subtotal	Disposal Costs	Transponation Cost	Coatrily Cost	Concrete s voi. Delitoristied	Constant Cost	Demolition Cost	Apshalt Demolition		Subtotal	Disposal Costs	Transport Costs	Loading Costs	Equipment 's Vol. Demotished	Dismantling Cost	Equipment 's Disposal Cost	Subtotal	Disposal Cost Steel	Transportation Cost Steel Truck Drive	Transportation Cost Steel Truck	Haulage	Truck's Capacity	Steel's Weight	Disposal Cost Non Steel	Transportation Cost Non Steel Drive	Transportation Cost Non Steel Truck	Haulage	Truck's Capacity	Rubble's Weight (exclude steel)	Structure's Vol. Demolished	Structure's Demolition Cost	Asphall 05		Description
																							Delilousit, Idelilove i aveillent - 2011	Demolish Damous Davisment 2011																											Materials
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26755																							26/55																												Cost

road 20' wide x 1400' long = 28000 divided by 9 = 3111 sy

Subtotal											Haul Topsoil and Riprap 03	Load Coal 02	Backfilling and Grading 01				
									_						Cost	Equipment	
															Costs	Operating Equipment Hourly	Hourly
															Overhead	Equipment	
															Wage Rate	Hourly	Operator's
															Cost	Hourly	
														- 1		of Men	
															Costs	Eq. & Lab.	Total
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51338										18526	5756	27056		 Cost	,		

															Subtotal.
640	30 HR	30					21.33 \$/HR		0.5	42.65					CLAB
690	30 17	ي رد					\$/IR	22.68		22.68		0.1	7.55	2300	Multi-Shank Ripper 260-359 P (9-61) (2nd2005)
7776	G	2					S/HR	259.26 \$/HR		259.26	55.4	0.1	80.3	18485	Rip D9R Semi-U EROPS (9-54) (2H2005)
1365	64 HR	0					21.33 \$/HR		0.5	42.65					CLAB
16603	6						259.26 \$/HR	259.26		259.26	55.4	0.1	80.3	18485	Rough Grade D9R Semi-U EROPS (9-54) (2H2005)
															Backfilling and Grading 01
Cost	Units	Equip + Labor Time/Dis	Units	Production Rate	Units	Quantity	Units	Total Eq. & Lab Costs	Number of Men or Eq	Hourly Cost	Operator's Equipment Hourly Overhead Wage Rate	Equipment Overhead	Hourly Operating Costs	Equipment Cost	

Subtotal										CLS	9886 ERUPS (9-37) (2002005) 2005	2000 1000 (0.37)	Load Coal 02		
											9010			008	Equipment
											40.05			Costs	Operating
											0.1			Overnead	Equipment
											55.4			Wage Rate	Equipment Hourly
										42.65	155.77				Hourly
										0.5	-1			or Eq.	of Men
									1	21 33 S/HB	155.77			Costs	Eq. & Lab
									-	2/10	S/HR			Units	
														Quantity	
														Units	
														Rate	Production
														Units	
									32.5 HR	0.20 T.Z.	200			Time/Dis	Equip +
									퓠	7				Units	
									693	5063				Cost	

	Subtotal		Ţ						I		Γ		Ī		CLAB	6X4 70	Haul ic	-			
		, the same of the														6X4 70,000lbs 12-18 CY (20-11) (2nd2005)	Haul Topsoil and Riprap 03				
																1) (2nd2005)					
																3725			Cost	Equipment	
							-								0.10	31 25			Costs	Operating	Hourly
		_														0 1			Overhead	Equipment Hourly	
-															10.0	42.2			Wage Rate	Hourly	Operator's
														42.65	100.90	100 06			Cost	Hourly	
														2.5	U	h				of Men	- 1
														106.63 \$/HR	504.8 VIX	2010			Costs	Eq. & Lab.	Total
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																			Quantity		
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														H	퓼				<u></u>		
18526													0201	2021	15295			200	Cost		

Banning Loadout Task ID # 3813 2011 Midlerm Permit Review

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																			Re-seeding				Fertilizer	Mulch	Seeding Material	Seeding	Coming (See Co. AC)	Soil Preparation	Banning Loadout	Lescription
																		25% Re-seeding Rate					Fertilizer Hydro Spread M029351000180	Hay Bale	Seed	Hydro Spreader (equip & labor) B-81 80 N	Excavation Bulk Bank 3 CY - 2011			Matenals
																							M029351000180	Reveg 007	Banning07341	SReven 002	31 23 16 42 0300			Means Reference Number
																							3.95 /MSF	129 Ton	504 22 SVAC	10 8 / MCE	1.62 CY			Cost
																														Length Width
																								1						Height Diamet
			+														-						21.4	21.4	21.4		21.4			Diameter Area Volume
											-																			Weight
																														Density Time
																							1 Ton / ac		_					Number Unit
		1																				932.18 M	21.4 AC	21.4	932 18 M		7276 CY			Swell Quantity Unit
56400														8923			8923		47477			$\dagger$		10790		+	Y 11787			Cost

